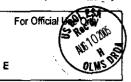
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mangatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2/8 7/6

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 45 26	2. Fiscal Year Covered From:	2. Fiscal Year Covered From:			
	1 / 1 / 2004	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of	Name, file number, and address of labor organization.			
Name Albert L Kaopuiki	Name Plumbers AFL-CIO				
	Labor Organization File Number 025-657				
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Num	nber, if any Lower Level			
Street 1358 Hele Street	Street 1109 Bethel Stree	**************************************			
City Kailua	City Ronolulu				
State Hawaii ZIP Code + 4 96734	State Hawaii	ZIP Code + 4 96813 - 2209			
5. Position in labor organization. Executive Board Member		1988 - January Barrer (1984) (
The second secon	ា សុ្ត្រាល់ ខេត្ត ខណ្ឌនេះប្រស្នាល់ខ្លាំងក្នុង ឯកភេឌប្រកន				
Enter appropriate data below if, during the past fiscal year, you or you (except as specified in the	r spouse or minor child directly or indirectly exclusions set forth in the instructions):				
(except as specified in the	exclusions set forth in the instructions): th, or derived income or other economic nization represents or is actively seekir	benefit of ng to represent.			
	exclusions set forth in the instructions):	benefit of ng to represent.			
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(except as specified in the A. Held an interest in, engaged in transactions (including loans) wit monetary value from an employer whose employees your organ. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City Street ZiP Code + 4 15. Signature and verification. The undersigned declares, under penasubmitted in this report (including the information contained in any accorundersigned's knowledge and belief, true, correct, and complete: (See the content of the content of the complete: (See the content of t	7.a. Nature of Interest, Transaction, 7.b. Amount. 7.b. Amount. 7.c. Nature of Interest, Transaction, 7.d. Nature of Interest, Transaction, 1.d. Nature of Interest, Tran	benefit of ng to represent. or Income. Constitution of the law, that all of the information.			

Name of Person Filing Albert Kaopuiki		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name PAMCAH-UA Local 675 Administrative Office Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 403 Street 1109 Bethel Street City Honolulu State Hawaii ZIP Code + 4 96813	9. Business deals with: a. Labor Organiza b. Trust c. Employer		
Name PAMCAH-UA Local 675 Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 403	PAMCAH-UA Local 67 administrative ser Local 675 Trust Fu	75 Administrative Office provervices to the various PAMCAH- unds. Expenses of operating and among the various Funds.	·UA
Street 1109 Bethel Street	11.b. Approximate dollar valu	ue of such dealing. \$1,1	00,000
City Honolulu	12.a. Nature of interest hel	2 Martin Contraction Contracti	
State Hawaii ZIP Code + 4 95813	Personal use of au Session meetings.	itomobile and attendance of F	:AP
	12.b. Amount.		\$1,182
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			Fine between day of 10 to 1 to 2 to 3
Name			we consider the first processor to
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	Constitution of the Consti		e in the second of the
Street City			*Assemble A. A. B. G. C.
			5
State ZIP Code + 4	And the second section of the section of th		7

	Name of Person Fili	ng Albert	Kaopuiki
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (in	ocluding trade name, if any).	9. Business deals with:	
Name PAMCAH-UA Local 675 Trade Name, if any:	Training Fund	a. Labor Organization	
P.O. Box, Bldg., Room No., if any St	uite 403	b. Trust	
Street 1109 Bethel Street		c. Employer	
City Honolulu	en med bet hill segangen i samme kill i det til segangen men en het til til til segangen men en men men men me Det til segangen segangen segangen til segangen til segangen segangen til segangen segangen til segangen segan		
State Hawaii	ZIP Code + 4 96813	and the second s	
10. If 9.b. or 9.c. is checked give trust o	r employer's name.	11.a. Nature of such dealing.	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Name Signatory Contractor	aanada 40 otaananaananananana 13 0 7 000 tiin oonaanaanaana ara arayooniyaan oonaanaanaa tada ayay aasamaan Krisii	PAMCAH-UA Local 675 Training Fund contributions from signatory contri	is supported by actors.
P.O. Box, Bldg., Room No., if any Street			ans in the the control of English and the control of the Control o
State Portry (1) To communication and a supplementary and a supple	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	<u>enthough filiphin ha hannid ha tha filiph</u> for from the hanning and his filipping to the second and the history of
		Reimbursement of expenses for part educational seminars and for Fund	cicipation in operations.
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		12.b. Amount.	\$8,990

Name of Person Filing Albert Kaopuiki	File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PAMCAH-UA Local 675 Cooperation Fund	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
DO Poy Plds Poom No. if any	b. Trust	
P.O. Box, Bldg., Room No., if any Suite 403	Francisco Employee	
Street 1109 Bethel Street	c. Employer	
City Honolulu		
State Hawaii ZIP Code + 4 96813		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Signatory Contractors	PAMCAH-UA Local 675 Cooperation Fund is supported by contributions from signatory contractors.	ì
Trade Name, if any:		showhere sign
P.O. Box, Bldg., Room No., if any		-
Street		
	**************************************	9
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	a come come co
	12.a. Nature of interest held or income received.	
	Reimbursement of expenses for participation in educational seminars.	a po de estado d

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	12.b. Amount. \$2,	445